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		强"				(Depositor's name)	
		THAI FRAI	DEMARKS!			(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/492,544 FITLE OF INVENTION: M	01/27/2000 1ETHODS FOR RENAMIN	G SŤACK REFER	Michael K. Gs ENCES TO PRO		Y0999-357(8728-320)	1007	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	07/05/2006	
EXAMINER ART			'IT	CLASS-SUBCLASS	7		
MEONSKE, TONIA L		2181		712-202000	-		
Change of correspond Address form PTO/SB/1  "Fee Address" indicat PTO/SB/47; Rev 03-02 ( Number is required.	e address or indication of "For dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B	Correspondence ation form e of a Customer	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)				LLC
			-		nee is identified below, the d	locument has been filed for	
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	(from status indicated above MALL ENTITY status. See	,	_		ALL ENTITY status. See 37 C		
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Authorized Signature	Trolal		-	06/1 Date	5/2006 MBEYENES 959000	141 500510 09492544	
Typed or printed name	Frank V. DeRosa	, F. Chau	& Associ	121 1	C: 1501 / 149.000 G: 8001 / 149.000	<del>1</del>	

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